



THE NORTHWESTERN UNIVERSITY

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Can We Stop the Traffic in Narcotics?

A radio discussion over WGN and the Mutual Broadcasting System

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Can We Stop the Traffic in Narcotics?

MR. MCBURNEY: Our speakers today are Lieutenant Joseph Healy, Chief of the Narcotics Division of the Chicago Police Department; Dr. Edward Kelleher, Director of the Psychiatric Institute, with the Municipal Court of Chicago; Howard D. Shaw, Director of the Ida B. Wells Housing Project of the Chicago Housing Authority; and Peter A. Grosso, Assistant States Attorney in Cook County, Illinois, assigned to the Narcotics Division of the States Attorney's office.

One of the worst aspects of the narcotics traffic is the increasing drug addiction of teen-age boys and girls. Here is what one 16-year-old girl said on a recent Mutual broadcast, a few minutes after she had appeared before a New York state legislative committee appointed to investigate the use of narcotics among school children. You will hear her voice by transcription.

Teen-Ager Speaks

ANNOUNCER: It takes a 16-year-old high school girl to bring the story home. Trapped into the drug habit when she was only 13 years old—marijuana, cocaine, and finally heroin—the money her parents gave her was not enough. She started panhandling. That wasn't enough either.

GIRL: My boy friend and I decided we didn't have enough money to buy dope, and we decided to try breaking into a home in our neighborhood to see if we could steal for money. We were caught by the police, and—

ANNOUNCER: What happened?

GIRL: I was arrested and sent away for several months. By this time I had become neurotic, and I was sent to a mental institution for treatment for about six months. After I was discharged, I returned home, and went back to high school in the Bronx.

ANNOUNCER: And you are still at that high school, are you not?

GIRL: That's right. After I was at school a few days, I started on the

heroin again. I met another boy friend and he began supplying the stuff to me. I found that the boys and girls in my group were still using dope, and that also encouraged me to get back to using it. I know about four or more places in our neighborhood where I could buy heroin. My boy friend and I were buying it from other kids.

ANNOUNCER: The tragic story of the youngster who took to dope—downhill all the way.

MR. MCBURNEY: Tell us about this traffic in narcotics, Healy. Is it a special problem among teen-age youngsters?

Increased Arrests

LIEUTENANT HEALY: It is. The traffic in narcotics is nation-wide; it can be found in all large cities.

The past six years show a marked increase in narcotic addiction. Out of 3,750 cases we have handled, 3,162 were men and 388 were women. As to the teen-agers, out of 3,750 cases, 989 cases were between the ages of 17 and 20; there were 1,466 cases between the ages of 21 to 25; under 17 we had 142 cases last year.

MR. MCBURNEY: These are Chicago figures, I take it, Lieutenant?

LIEUTENANT HEALY: Yes.

MR. MCBURNEY: What has been your experience over the years?

LIEUTENANT HEALY: According to the Chicago Police Department figures, we had, for 1946, 550 arrests; for 1947, 712 arrests; for 1948, 740 arrests; for 1949, 2,230 arrests; for 1950, 3,712; for 1951, 3,629.

MR. SHAW: Is that for the first six months?

LIEUTENANT HEALY: It is.

MR. SHAW: And it is about twice as much, to date, as it was last year?

LIEUTENANT HEALY: That's right.

MR. MCBURNEY: How would you interpret those data, Grosso?

MR. GROSSO: I would interpret the tremendous increase in 1951—or the first six months of it—over the past five years as a reflection of the tremendous increase in activity on the part of all the law enforcement agencies in this area in the problem of narcotic drugs, and in the execution of the narcotic drug laws. In bringing the problem out into the open, naturally, it's going to look bad, because it is glaring when you are just starting to put a tremendous drive on it.

Interpretations

MR. MCBURNEY: In other words, you are saying that these tremendous increases in arrests do not necessarily mean an increase in the traffic?

MR. GROSSO: No. As a matter of fact, I'd say it reflects an increase in the activities of the law enforcement officials rather than the traffic.

MR. MCBURNEY: What do you think about it? What are your impressions, Kelleher?

DR. KELLEHER: From questioning the patients and relatives at the Psychiatric Institute, I am under the impression that the traffic has also increased specifically, in addition to relatively. I am much aware that the Police Department and the public are definitely interested in the problem, and there is an increased activity, but I have seen a saturation in certain groups and certain families which leads me to conclude that the problem is definitely increasing, that the number of individuals is increasing, and increasing percentage-wise.

MR. MCBURNEY: Is that your impression, Shaw?

MR. SHAW: Yes. In general, it would seem that the use of drugs by the teen-agers or the young group has shown a marked increase, and may account here for part of the increase in the number of arrests.

MR. MCBURNEY: What drugs do these people use, Lieutenant? This young lady whose voice we heard referred to heroin. Is that the chief drug?

LIEUTENANT HEALY: Mostly, around

Chicago; also morphine, cocaine, opium and marijuana.

The Peddler

MR. MCBURNEY: Where do they get these drugs, anyhow?

LIEUTENANT HEALY: Peddlers.

MR. MCBURNEY: I'm interested in these peddlers. Can you law enforcement officers tell me a bit about them? Who are they, anyway?

MR. GROSSO: Well, peddlers who are engaged in illicit traffic are criminals of every description, from petty thieves to top-ranking public enemies, because the drug traffic yields lucrative spoils.

MR. MCBURNEY: Are they, themselves, addicts?

LIEUTENANT HEALY: Very seldom, except smaller scale peddlers who push it to get their own supply. Big peddlers never use narcotics.

MR. MCBURNEY: How do people become addicts, Doctor? Why does a person get started on this vicious practice, anyway?

DR. KELLEHER: We have a type of individual who is psychologically—and probably also physically—susceptible, and we have determined that the sociological background of the individual has a great deal to do with it. They are people, for the most part, who come from the deprived and the discriminated areas, with poor housing and with poor family units, with poor recreational facilities, and they have a frustrated, defeatist attitude toward life. They become escapists; the narcotics they take and the addiction forms a good—to them, good—escapism.

Teen-Age Addict

MR. MCBURNEY: But that kind of analysis wouldn't seem to me to explain these teen-agers.

DR. KELLEHER: Well, there is a further thing that we are much aware of with the teen-agers. The teen-agers have a greater tendency to form groups, such as the "bobby soxers" groups and the "jitterbug" groups, and they have a group philosophy

about joining the addicts. In addition to that, of course, there is the well-known fact that the more immature a person, the more emotionally unstable he is, the more likely he is to start the practice. A combination of these things, plus the sociological factors that I mentioned, I think, explain why the teen-agers are ready prospects for the drug peddler.

MR. SHAW: You would say, then, Doctor, that in general the addict is emotionally unstable, perhaps because of conditions over which he has no control, such as being discriminated against, or living in an overcrowded home—feeling the economic insecurity of a group of that kind.

DR. KELLEHER: I would say they are basic factors in the individual's forming the psychological attitude which he forms, and which makes him susceptible.

MR. GROSSO: Doctor, I have heard you make frequent reference to the fact that personality defects produce susceptibility to the use of drugs—personality defects consisting of emotional disturbances and maladjustments. Perhaps you can tell us something about that, and why it is that these addicts, even if they possess the mental stamina to resist narcotics at first, ultimately do become addicts.

'Personality Defects'

DR. KELLEHER: Well, the individuals are not well-adjusted individuals. We hesitate to use the word, "normal," but we'll say they are not well adjusted. They are not "secure-feeling" people, and this sociological background which I mentioned is the foundation stone of their instability.

MR. MCBURNEY: Do these addicts try to persuade others to addiction? Is that your experience, Grosso?

MR. GROSSO: I have been told that the heroin addict possesses a characteristic amounting to a mania for recruiting others. That is what makes him the most dangerous menace to our society. It is a case of one addict producing many, and each one of those many producing many more. Because of this infectious trait, an addict's

mere presence and contact with his community is a potential danger in increasing and spreading addiction.

MR. SHAW: Then the addict who is present in an area where there is so-called mental instability as a result of, perhaps, environmental factors—the broken family, the overcrowding, discrimination, all of these factors of insecurity—is more likely to get a larger number of recruits than if he were in a more secure area or neighborhood?

MR. GROSSO: That is true.

MR. MCBURNEY: I take it that you have at least two pressures brought to bear on those susceptible, which Dr. Kelleher has told about—the peddler and the addict himself. Is that correct?

MR. GROSSO: That's true.

'Group Philosophy'

DR. KELLEHER: I disagree with the statement that the heroin addict is almost a fanatic in wanting to involve other people. I think it merely goes back to the group philosophy and the condition of this group, the susceptibility of this group. It is something of the philosophy of the bad apple in the barrel. I don't believe the heroin addict is as much responsible for getting another addict to join him as the fact that the other addict is available and is susceptible and takes little persuasion, in my experience.

MR. GROSSO: The "bad apple" adage suggests another one—"Misery loves company."

DR. KELLEHER: That's right; the group philosophy again.

MR. SHAW: The relationship, then, must be close—say, a girl-boy friend relationship, brother-sister, brother-brother, or perhaps a young wife and husband, and so forth—in the family, usually, or a group.

DR. KELLEHER: We see that frequently, and we also see addiction in groups of boys or even groups of young girls, apart from the family, away from the family. In many cases the individual tends to keep his addiction away from the family.

MR. MCBURNEY: What are the physiological and psychological effects of these drugs?

DR. KELLEHER: The two drugs that are the most rapidly habit-forming of all are morphine and heroin, heroin being the one that we have to consider, because it would appear that more than 90 per cent of the cases that we are seeing are heroin addicts. These drugs produce a state of elation or euphoria, a mental excitement which is the opposite from boredom or frustration, and a good form of escapism—"good" in quotation marks—for that particular individual. They put the individual into a state of mind where he doesn't really care about anything that is serious, where he doesn't have to consider his responsibilities or his pessimistic view about his future.

MR. MCBURNEY: What happens to the person who keeps on these drugs—physically?

Effects of Addiction

DR. KELLEHER: Eventually these people deteriorate, both mentally and physically. In the advanced state of addiction, the addict becomes an emaciated, pale individual who is unable to eat very much, and whose physiological functions are all depressed. Mentally, he becomes finally a torporific individual, and in many cases he undergoes such mental deterioration that we then find he is committable to a mental hospital as a mentally ill person.

MR. MCBURNEY: Do these descriptions from the doctor comport with your experience, Healy?

LIEUTENANT HEALY: They do.

MR. MCBURNEY: I was going to ask about the use of marijuana, particularly. You have encountered that, as a law enforcement officer?

LIEUTENANT HEALY: Yes, sir.

MR. MCBURNEY: What are the effects of marijuana as you see them?

LIEUTENANT HEALY: Well, a marijuana user will commit very serious crimes.

MR. MCBURNEY: That is peculiar to marijuana?

LIEUTENANT HEALY: Yes, sir.

MR. MCBURNEY: I wonder why that is so?

DR. KELLEHER: The marijuana state is a little different. It is more of an intoxication state, likely to involve hallucinations. It produces a distortion of time sense, a greater distortion of judgment, and a greater stimulation at certain levels. The marijuana addict commits his crimes while he is under the influence of the marijuana. The heroin addict usually commits his crime of stealing—which is the main thing we see—at a time when he is beginning either to fear that he will be without his drug or when he is without his drug and is beginning to suffer symptoms of withdrawal.

MR. MCBURNEY: Are there pretty high correlations between crime and drug addiction, Lieutenant?

Correlation with Crime

LIEUTENANT HEALY: There are. The drug addict will commit petty larceny crimes to obtain money with which to buy drugs.

MR. MCBURNEY: That is the real motivation behind their crimes, you think?

LIEUTENANT HEALY: That's right.

MR. MCBURNEY: Is that a problem of some consequence?

LIEUTENANT HEALY: It is.

MR. SHAW: I would like to ask a question here. Isn't it true that usually the marijuana addict graduates into the use of heroin and other drugs, Doctor?

DR. KELLEHER: Yes, we have found that true. We have said about marijuana that it is not truly an addicting drug, in the sense that it does not make its victims suffer agony when deprived of the drug. They can get along without it, without this dread of the impending torture, but it also does not satisfy this escapism tendency, and people who start marijuana frequently proceed from that to one of the more addicting drugs.

MR. GROSSO: A great many of the addicts to the other types of drugs,

aside from marijuana, will commit crimes for the purpose of obtaining pecuniary gains to sustain their drug habit.

MR. MCBURNEY: They are after money to buy drugs from the peddlers. Is that the answer?

MR. GROSSO: That's all the drug addict has in his mind—"How much dope have I got? How long will it last, and where can I get more when it's gone?" That's all he thinks about.

DR. KELLEHER: Hasn't it been estimated, Mr. Grosso, that the average addict in Chicago steals from \$40 to \$70 worth of material or money per day, and that the sum total lost to the city of Chicago is about \$62,000,000 a year?

MR. GROSSO: It has not only been estimated, but it has been practically proven that that is correct.

LIEUTENANT HEALY: We have had addicts who have used as high as 50 "caps" a day.

MR. MCBURNEY: And stealing the money, in some cases, to buy them?

LIEUTENANT HEALY: Stealing the money to buy them.

Normal Behavior?

MR. SHAW: It would appear, then, that one of the psychological effects is the inability of the addict to pursue any normal method of obtaining money, such as working, or by any other way. Is that true, Doctor?

DR. KELLEHER: He loses his desire and drive to do what we call the normal, adjusted things. As Mr. Grosso just said, his world becomes, "How can I get more drug, or be assured that I have it, and how can I keep this effect going?" Therefore he is not a person who is going to work or follow any of the usual, normal behavior patterns in that respect.

MR. GROSSO: Addicts make poor criminals. They have no will-power. Their judgment is defective, and they can't be trusted. They commit only petty crimes, and are even looked down upon by other capable criminals. Many of these addicts had no record of participation in any type of crime

before their addiction. They will commit these petty crimes with this view: They want to run a minimum risk of being incarcerated for long periods of time without their drug.

MR. MCBURNEY: I gather from what you men have said that these drugs are seriously habit-forming. Is that true of all of them, Doctor?

DR. KELLEHER: It is true of all of the so-called narcotics, with the exception, possibly, of marijuana. Marijuana is dangerous, but not so seriously habit-forming as the others, and many people do not stay on marijuana long.

MR. MCBURNEY: When you say it is not seriously habit-forming, what do you mean, really?

DR. KELLEHER: I mean chiefly that it is not a thing which produces a physiological effect in which, thereafter, the individual cannot seem to get along without it; and on the other hand, psychologically, it doesn't produce enough of the escape effect which the addict wants.

MR. MCBURNEY: What are the effects when an addict is taken off these drugs? Take heroin and cocaine, for example.

Withdrawal Symptoms

DR. KELLEHER: He begins to get extremely restless. He develops what we know as "the sniffles." He has goose pimples. There are serious, marked digestive upsets. He is not able to eat, and has severe pains, often in his extremities, particularly in the legs.

MR. MCBURNEY: Well, gentlemen, I think this presents the problem we are discussing here on this Northwestern University Reviewing Stand. Our question is: Can we stop the traffic in narcotics? Can we stop it, Lieutenant?

LIEUTENANT HEALY: We can, by severe sentences upon conviction. We have had several cases recently where peddlers have been sent away to the penitentiary for from 25 years to life, for 15 years, and we have had 5-year sentences. We can stop it by severe sentences in the criminal court.

MR. MCBURNEY: That is happening here in the city of Chicago?

LIEUTENANT HEALY: It has happened.

MR. MCBURNEY: Do we see similar action in other larger cities, or do you know?

LIEUTENANT HEALY: I don't know. We are the only city in the country that has a special narcotics court to deal with this problem.

MR. MCBURNEY: You are suggesting, I take it, that severe penalties for the peddlers are the answer to the problem.

LIEUTENANT HEALY: That's the answer.

MR. GROSSO: That has been proven in the past, Mr. McBurney. Severe penalties and long sentences will deter the traffic in narcotics.

MR. MCBURNEY: By "severe penalties," do you mean what the Lieutenant referred to here?

MR. GROSSO: I mean long sentences.

MR. MCBURNEY: How long?

MR. GROSSO: Ten, 15 years, and up.

LIEUTENANT HEALY: Life.

MR. MCBURNEY: That is tough. But you are talking about the peddlers—what are you going to do with the people who are addicted to drugs? Do you view them as criminals?

MR. GROSSO: They are sick people.

LIEUTENANT HEALY: They are sick people.

MR. MCBURNEY: You do not regard them as criminals?

MR. GROSSO: Not necessarily. They should be treated for their addiction.

MR. MCBURNEY: What is the law under which you are operating here in the state of Illinois?

Uniform Narcotic Drug Act

MR. GROSSO: In the state of Illinois we operate under the Uniform Narcotic Drug Act, which, by the way, has recently been strengthened by amendments passed on May 4, 1951, making the penalties for violation much more severe.

MR. MCBURNEY: And precisely what does that law prohibit in Illinois?

MR. GROSSO: It prohibits the selling, dispensing, administering—

MR. MCBURNEY: And using?

MR. GROSSO: It does not prohibit the using of narcotics.

MR. MCBURNEY: It is a law, then, under which you can convict the peddler?

MR. GROSSO: Definitely.

MR. MCBURNEY: Is there a federal statute in this area?

MR. GROSSO: Well, all over the country, Mr. McBurney. The Harrison Narcotic Drug Law forms the basis for federal prosecution of narcotics offenses. Of course, it is a revenue law; it was passed under the taxing power of the federal government, and not under police power like our Uniform Narcotic Drug law in this state of Illinois.

MR. MCBURNEY: I take it that most states have laws roughly comparable to the Illinois law?

Adequate Laws?

MR. GROSSO: I would say that about 40 out of the 48 states have. Those that don't, find they have no need for it, because the problem isn't severe, and anything that comes up can be turned over and properly handled by the federal authorities.

MR. MCBURNEY: Do you law enforcement officers have the feeling that the laws under which you are now operating are adequate?

LIEUTENANT HEALY: They are adequate.

MR. MCBURNEY: Do you agree with that, Grosso?

MR. GROSSO: Yes, they are adequate, and they can be enforced. The Treasury Department regulates and directs the flow of narcotics for medical needs. Likewise, it is also charged with stopping the flow through illicit channels. They should be operating chiefly at the international and interstate level.

MR. SHAW: It would appear, then, that since there is nothing in the law which has any penalty for addicts, that provisions will have to be made to hospitalize these people properly,

and that a part of the law should be that the addict may be sentenced to this hospital for cure, because while free, he is a menace as we have just described.

MR. MCBURNEY: What do you say to that, Kelleher?

DR. KELLEHER: I agree the addict has to be stopped. We must ascertain and stop the source of supply. I also feel the addicts have to be found, and they have to be confined for treatment. That means we must provide physical facilities and adequate personnel; and I am not certain that we do not need a new law which permits the judge to confine these people for treatment rather than confine them to the jail because they have stolen something. I think the last point in eliminating the problem is that of carrying on an intensive, well-organized educational program.

Current Practice

MR. MCBURNEY: What is done with these addicts when they are apprehended now, Lieutenant?

LIEUTENANT HEALY: They are taken to the Narcotics Court and charges placed against them.

MR. MCBURNEY: What kind of charge?

LIEUTENANT HEALY: It's a violation of the City Code that covers narcotics addicts.

MR. MCBURNEY: What happens to them?

LIEUTENANT HEALY: They can be sent to jail for a year, or a \$200 fine.

MR. MCBURNEY: And that is being done regularly?

LIEUTENANT HEALY: That is being done every day.

MR. MCBURNEY: What do you think of that process?

DR. KELLEHER: I don't agree that it gives the individual a chance to be treated. It gives him a chance to be confined somewhere long enough to interrupt his addiction.

If we could do something like that, and at the same time supply sufficient psychologists, psychiatrists and social

workers to treat them while they are in the institution to which they are now confined, and, furthermore, carry on a follow-up treatment in the community—in addition to this educational campaign, which is designed for prevention, rather than cure—then I think we would have taken all of the necessary steps.

I would like to inject in here one question that hasn't arisen. The suggestion has come up that the people who are addicts should be allowed to provide themselves with dope. I think this has come up several times in discussions. As far as the psychiatrist is concerned, that would only legalize an abnormal behavior which has no basis in moral law; and I think history shows us that the only legal principles which have survival value are those which are based on some more ethical principles.

MR. MCBURNEY: Did you have a point, Grosso?

Psychiatric Treatment

MR. GROSSO: Doctor, there is an urgent need for rehabilitation and psychiatric treatment after the preliminary treatment for the withdrawal of the drugs. That can be accomplished, I understand, in anywhere from 3 to 21 days, to relieve the patient of his craving for the drugs, and then there follows a period of two or three months in which the patient gains anywhere from 15 to 20 pounds, but then what? Then he needs a treatment for the personality defects that made him an addict in the first place, and if you don't have that, the treatment is of no avail. Like the United States Commissioner of Narcotics once said, "It's like rescuing them from a sinking ship, only to set them adrift in a leaky boat."

MR. SHAW: Then it would appear that both men and women addicts would be better treated if there were follow-up treatments to remove these factors which caused them to be susceptible in the first place. Is that true, Doctor?

DR. KELLEHER: That is correct. What Mr. Grosso says is correct, that the

physiological treatment can be effected quickly, rapidly, but the psychiatric and sociological treatment is going to take time.

LIEUTENANT HEALY: We have patients every day—patients or addicts who have been away to Lexington for from six months to a year—and the day they were released from prison or the hospital, they went out looking for a shot. As soon as they come back to Chicago, back to their old companions and the same old environment, they are right back on again.

If we had some kind of camp where they could be sent for a couple of years, or if we could put them on a farm, get them away from the old environment, it might help.

MR. MCBURNEY: What is Lexington, Lieutenant?

Federal Hospitals

LIEUTENANT HEALY: It's the government hospital at Lexington, Kentucky.

MR. MCBURNEY: It's the federal hospital?

LIEUTENANT HEALY: Yes.

MR. GROSSO: There is another one like it at Fort Worth, Texas, and I think they handle quite extensive treatment for women at the federal prison at Alderson, West Virginia. Is that right, Doctor?

DR. KELLEHER: That's right. Those are the only three places in the United States where the federal people can

help us with the problem.

MR. SHAW: But treatment should be continued at the farm or at the camp or whatever place addicts are sent. Is that true, Doctor?

DR. KELLEHER: And continued in whatever community they are returned to; every attempt should be made to better their environment.

Kind of Treatment

MR. MCBURNEY: What kind of treatment do you mean? What do you do to these people, and how effective is this treatment?

DR. KELLEHER: I mean psychological or psychiatric treatment of the individual, and sociological treatment of his community. It means analyzing the individual's personality. It means educating him. It means stabilizing him and giving him a hope and an optimism for his future, and a feeling either that he is secure as an individual or that he can obtain security, and not have to escape.

MR. MCBURNEY: You are saying, then, it isn't sufficient simply to deprive these people of drugs for a period of time?

DR. KELLEHER: Not at all.

MR. GROSSO: The memory of the pleasure of what narcotics did for them is always in their minds.

ANNOUNCER: I'm sorry, gentlemen, but our time is up.



Suggested Readings

Compiled by William Huff
and M. Helen Perkins, Reference Department,
Deering Library, Northwestern University



American Mercury 70:355-62, Mr., '50. "Our Global War on Narcotics." F. SONDERN, JR. Same. *Reader's Digest* 56:76-80, Apr., '50.

A review of some of the cases handled abroad by the U. S. Narcotics Bureau in its work to stop traffic in narcotics.

Colliers 123:27+, Je. 4, '49. "The Crazy Dreamers." E. WILSON.

A famous Broadway columnist shows how bodies and minds react to marijuana and can be wrecked by just one adventure with this "murderous" weed.

Colliers 122:14-15+, J1. 31, '48. "The War Against Dope Runners." P. PACKER.

The cooperation of the U. S. with the Mexican Government in an effort to halt the opium traffic across the border.

Life 30:116-126, Je. 11, '51. "Children in Peril."

The story of the sale of dope to thousands of teen-agers.

Life 30:21-25, Je. 25, '51. "New York's Children Accuse."

Themes written by grade and junior high school children are used in state narcotics trial.

National Education Association Journal 40:341-2, My. '51. "Teenage Drug Addicts." M. B. KRIEG.

A general treatment of the problem of addiction among teen-agers, with a description of symptoms of addiction and methods of handling the problem, and statistics indicating the increase of addiction among teen-agers.

Newsweek 37:23-4, Ja. 29, '51. "New York Wakes Up to Find 15,000 Teen-Age Dope Addicts."

New York City's narcotics situation and the drive of its Police Department to stamp out drug sources are reviewed.

Science Illustrated 4:28-30+, Je., '49. "Narcotic Drugs."

The sources of drugs, and the effects and the methods of taking them are described; also indicated are the new drugs which have been developed for medical use to replace the present habit-forming ones, and the method of controlling the use of sleeping pills.

Time 57:24, F. 26, '51. "High and Light."

Drug addiction among teen-agers and attempts to control at least the sale of drugs to minors.

United Nations Bulletin 8:493-4, Je. 1, '50. "World Opium Production Limitation Terms Announced."

Four principal opium-producing countries have agreed on specific yearly production quotas under United Nations supervision. Percentages are included.

United Nations Bulletin 10:126-8, Feb. 1, '51. "Plans for Extending Global Control of Narcotic Drugs."

Proposals made by the United Nations Commission on Narcotic Drugs to limit opium production.

United Nations Bulletin 10:97-8, Ja. 15, '51. "Narcotic Drugs Control Reviewed."

A report of the Permanent Central Opium Board on illicit international narcotic traffic in 1950.

United Nations Bulletin 7:129-32, Ag. 1, '49. "Action to Strengthen Narcotics Control."

Consideration of the U. N. Economic and Social Council on matters concerning effective control of the narcotic drugs menace.

United Nations World 4:46-8, Apr., '50. "UN Goes Into the Opium Business." C. L. HEYMANN.

Discussion of how an embargo on illicit opium may become a reality through the control of distribution inherent in the U. N. Purchasing and Selling Agency Plan.

United Nations World 1:44-5, S., '47. "Narcotics Control; a Pattern for Disarmament."

The development of international controls in the field of narcotics production. Manufacture and traffic are traced, and the types of controls are described and evaluated.



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